



**Pharmacy Perspective:  
Implementing Complete  
Prescription Data Transfer via  
PDMP**

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## Introduction:

- Current PDMP data transmissions as mandated by the State
  - Process is fairly easy and mostly transparent to the users
  - Vendors have adapted and are complying with the process currently in place
  - Pharmacy users have integrated PDMP into the daily routine of filling Controlled Substance Prescriptions and find it very beneficial
  - Nationwide access of this data would be the ultimate goal
  - Outlier drugs have added to the process
  - Pharmacy is very much in favor of access to more comprehensive patient data to aid in providing the best care to their patients

## Addition of all Prescription Data to the Process:

- Would need to be mandated by the State and address any potential HIPAA or Security concerns
- Must be a reasonable timeline to facilitate it being required of all Pharmacies
- Cost factors should be considered
- Potential that some Vendors would have other requirements

## Current Process at SVU for handling PDMP data:

- Each day a file generates for each individual store (Automatic)
- These files are sent to FTP sites to be transmitted to PDMP (Automatic)
- PDMP receives them and processes the files (Automatic)
- We receive an email confirmation back for each store indicating how many records were sent, how many had errors, how many were imported. If there are errors they are included in the email (Automatic)
- Each day we validate we receive a confirmation for each store to ensure all stores successfully reported. Emails don't come from CRISP, they come from HID, who is the processor. (Manual)
- If there were any errors identified we correct them in EPS and they are sent in the next day's run (Manual)
- On Friday's we resubmit the previous 11 days of data as a failsafe. This helps pick up any exceptions that may have somehow slipped through the cracks. (Automatic)

## Thoughts:

- Actually would simplify the transmission process (in the beginning) because if all prescription data is being transmitted it would eliminate the need for dealing with the current exceptions such as Naloxone, Gabapentin, Tramadol etc.
- Files would be 10 times (or more) in size
- We currently spend up to 5-6 hours a week manually correcting errors. If we move to all prescriptions.....?
- This may require moving that process back to the Pharmacies and create workflow disruption
- Potential HIPAA and Security issues

## Conclusion/Discussion:

- Potential Vendor Issues
- Managing a 10 fold increase in volume
- Handling rejections from CRISP
- Protection of Data
- Cost